

POSITION	ID NO.	DATE
CLASSIFIER		
EXAMINER	563	6-17-93
TYPIST	331	6/18/93
VERIFIER	390671	352 6/23
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

BEST AVAILABLE COPY

Claim	Date
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Original	
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SYMBOLS

✓	Rejected
=	Allowed
-	(Through numberal) Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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Original	
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